

# Developing and implementing appropriate health communication messages for community based management of fevers

Citation for published version (APA):

Abbey, M. (2016). *Developing and implementing appropriate health communication messages for community based management of fevers: Improving access to care for children under five in the Dangme West District, Ghana*. [Doctoral Thesis, Maastricht University]. Datawyse / Universitaire Pers Maastricht. <https://doi.org/10.26481/dis.20161125ma>

## Document status and date:

Published: 01/01/2016

## DOI:

[10.26481/dis.20161125ma](https://doi.org/10.26481/dis.20161125ma)

## Document Version:

Publisher's PDF, also known as Version of record

## Please check the document version of this publication:

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# Valorization

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This section highlights the societal relevance of the findings of this thesis for communities, organizations, policy and programs. It also discusses implications for improved management of childhood illnesses at the community level and proposes areas for future research.

### **Relevance and knowledge value**

In developing countries with high childhood morbidity and mortality rates and poor accessibility to health care, utilisation of community members to manage childhood illnesses such as fevers within their communities can contribute to the reduction of morbidity and mortality among children. In Ghana as in other parts of the developing world, malaria and pneumonia constitute a huge public health challenge with children under-five being the most vulnerable. To reduce mortality from febrile illnesses, integrated community case management (i-CCM) of childhood illnesses including malaria and pneumonia has been introduced to provide easy access to treatment in areas with difficult access to health care facilities [72].

Community perceptions of malaria and treatment seeking behaviour have been widely studied in Ghana and elsewhere and have shown that mothers had knowledge to recognize symptoms suggestive of malaria [3, 59, 61]. However, in Ghana, little has been documented about community awareness, knowledge, perceptions and management of childhood pneumonia particularly in the study district. Therefore, we assessed community perceptions of pneumonia for the purpose of informing the design and implementation of context specific health communication strategies for appropriate care seeking behaviour for childhood pneumonia.

Through the use of a mixed method approach we gained a comprehensive perspective of care givers knowledge and management of childhood fever illnesses including pneumonia. The study revealed that majority of respondents had never heard the name pneumonia and therefore did not know about the signs and symptoms.

The low awareness and inadequate recognition of pneumonia implies that affected children may not receive prompt and appropriate treatment as their caregivers may misdiagnose the illness. Based on the study findings, and

guided by the Intervention Mapping protocol, we were able to design and implement a multi component health communication program that aimed at influencing behavior of care givers of under-fives, community health workers, health care providers and the wider community towards improved care seeking to reduce morbidity and mortality among children under five.

## **Innovation**

### **The areas of innovation include:**

The use of the Intervention Mapping (IM) protocol to guide our program design and implementation was novel in our study district. IM, a six- step tool enabled the systematic planning, development and implementation of our multi- component health promotion program. We used theory, evidence from the literature, formative research, and community participation in the design and implementation that led to the realization of our program goals. Whether the same goals would have been obtained without a systematic process is doubtful.

### **Program implementation**

Our use of video tape recorded messages and drama in the communities facilitated the coverage of a wider audience in a shorter time and with standardised messages than the commonly used strategy of to face – to –face oral presentations sometimes used in the study district and elsewhere. Oral deliveries are more prone to dilution by the implementers as compared with audio or video tape recorded messages.

Further, the video shows were appropriate because its target audience captures those who did not own TV sets and could have missed out on the messages if they were aired by television stations. The video shows were not encumbered by lack of electric power in the rural communities and the shows facilitated immediate post video show audience surveys. The strategy of playing music via the mobile van also served as a form of entertainment and

attracted many to gather around to entertain themselves through dancing, making it easy to recruit participants and to sustain their interest for the activity.

Overall, Working with a local drama troupe to produce the drama/video role model story ensured that the characters and issues were of cultural relevance and created identifiable (credible) characters dealing with familiar day to day issues. These processes involving the dramatization of issues made it more acceptable to the community because they could easily relate with the people and the issues.

### **Target**

Our findings are targeted at various stakeholders including International organisations that support child health such as the World Health Organization and UNICEF. Local Health policy makers and program managers of child health and malaria control programs, District Directors of health services and at the community level, chiefs and elders and NGO executives.

### **Implications for implementation and research**

Our study served as a pilot which preceded the implementation of the national Home-Based Care (HBC) programme for childhood illnesses. The HBC programme uses a model that is similar to our trial in using CHWs to implement the programme. As HBC is being integrated as part of the health system, particularly in rural areas, lessons from this study were drawn to help shape the national program.

The researcher became a member of the National Coordinating Committee for Malaria Control in Ghana and has contributed to the development of the National Implementation Guidelines for Malaria Control in Ghana; as well as other educational materials for malaria control.

**Socio-economic value and risk**

The effectiveness of the educational aids produced by the project in communicating the messages is being further tested for adoption by the National Malaria Control Programme of Ghana for scaling up home management of fevers in the country.